



Enrolment Agreement Form for Burnham Country Montessori Preschool

◆ Child's details:

Child's **official surname** or family name:

Child's **official given name:**

Child's **official other names / middle names:**
(please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name: _____ Given name: _____

Official Identification document/s sighted by staff:

- New Zealand birth certificate Foreign birth certificate
 New Zealand passport Foreign passport
 Other _____ **Staff initials:** _____

Child's date of birth: / /

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

◆ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see [Principle 3 - Collection of information from subject](#)).

Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

◆ Parents / Guardians:

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

◆ Custodial Statement	
Are there any custodial arrangements concerning your child?	
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

◆ Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

◆ Child's doctor:	
Name:	Phone:
Name of medical centre:	
Address:	

◆ Health

Illness/allergies: (please record details of any illnesses or allergies for your child)

Is your child up-to-date with immunisations?

Tick One

Yes

No

(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded:

Tick One

Yes

No

◆ Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.

Note: The service must provide specific information about the category (i) preparations that will be used.

Do you approve category (i) medicines to be used on your child? Tick One

Yes

No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

▪ Arnica Cream

▪ Stingose Insect Bite/Sting Relief Spray

▪ Savlon Antiseptic Cream

▪ Bepanthen Cream

Parent/Guardian Signature:

Date: ____ / ____ / ____

Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature

Date: ____ / ____ / ____

Category (iii) Medicines

To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only.

For staff: Individual health plan sighted and a copy taken: Yes No

Tick One:

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptoms)

Parent/Guardian Signature: _____ Date: ____/____/____

◆ Enrolment Details:

Date of Enrolment: ____/____/____ Date of Entry: ____/____/____
 Date of Exit: ____/____/____ Reason for Finishing: _____

Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parent/Guardian Signature: _____ Date: ____/____/____

◆ **20 Hours ECE Attestation:**

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Tick One Yes

No

2. Is your child receiving 20 Hours ECE at any other services?

Tick One Yes

No

If yes to either or both of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.

Parent/Guardian Signature:

Date: ____ / ____ / ____

◆ **Dual Enrolment Declaration**

I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at Burnham Country Montessori.

Parent/Guardian Signature:

Date: ____ / ____ / ____

◆ **Statutory Holidays / Term Breaks and Fees:**

This enrolment agreement is **inclusive** of school term breaks.

Burnham Country Montessori Preschool is closed on the following public holidays if they fall on a weekday and will be charged for at the usual daily/booked rate.

New Years Day **Day after New Years Day** **Waitangi Day** **Good Friday** **Easter Monday** **Anzac Day**
Kings Birthday **Matariki** **Labour Day** **Canterbury Anniversary Day** **Christmas Day** **Boxing Day**

- I agree to pay a non refundable enrolment fee of \$50.00 to reserve my child's booking.
- I agree that I will pay fees fortnightly in advance which will be non refundable, and will give a minimum of two weeks written notice if I wish to reduce my booking, and three weeks written notice if I wish to withdraw my child from the centre.
- I understand my child must attend the hours that I have applied for, and agree to pay fees as per the fees schedule for the time/s booked whether my child attends or not, including statutory holiday and sick days.

Parent / Guardian Signature _____

Date: ____ / ____ / ____

Required Information for Licensing Purposes

- **Excursions:** I give permission for my child to participate in local walks and walking excursions from this service as part of the Burnham Country Montessori programme. Centre ratios will be adhered to at all times.
- **Photo/video:** I give permission for my child to be photographed and/or videoed (for the purposes of assessment, planning and evaluation) as follows:
 - Learning assessments and centre displays Yes / No
 - Group activities and group learning stories Yes / No
 - Centre promotions and advertising Yes / No
- **Learning Assessments: We use Storypark as an online system to record children learning and development, and for parent aspirations. This is done by staff writing individual and group stories for children attending our centre.**
 - I give permission for my child to be added to Storypark Yes / No
 - I give permission for my child to be added to group/ class stories Yes / No
- **Other:**
 - I give permission for centre Sunscreen lotion to be applied Yes / No OR
 - I will provide my own sunscreen for my child Yes / No

I have read and understood the food/health guidelines as set out by the Ministry of Health around the food choking hazards for children under 5 years of age. We have a copy in the reception area of our centre or you can visit the following links:

<https://www.health.govt.nz/publication/reducing-food-related-choking-babies-and-young-children-early-learning-services>

- [Reducing food-related choking for babies and young children at early learning services \(English\) \(PDF, 439 KB\)](#)

Parent/Guardian Signature _____ Date ____/____/____

Additional information:

- **Policy Statement:** Burnham Country Montessori Preschool has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service and understand how you can have input to policy review.
- **Fees:** Fees are to be paid two weeks in advance. If the account remains unpaid, it will be sent for debt collection and all fees incurred from debt collection will be passed on to you.
- **Parent Information Handbook:** I have read and understood the information in the parent handbook as it covers such things as fee details, charges and subsidies that are available to you.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences and ways in which we can help you and your child settle into the service.

Parent / Guardian Signature _____ Date ____/____/____

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Service Declaration (office use only)

On behalf of Burnham Country Montessori, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____

We advise a minimum of 3 settling visits for your child, which do not incur fees. Your visit dates will be confirmed with you by the Head Teacher in your assigned room, which can be signed for below:

Settling visits and times – as arranged.

Settling Times:

Day and Date:	Monday	Tuesday	Wednesday	Thursday	Friday	
Time/s:						

I confirm my child has attended the settling sessions on the dates/times as shown above:

Parent/Guardian Signature and Date:

Additional settling information:



Change of Days/Times of Enrolment:

Name of Child:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature:

Date: ____ / ____ / ____

Additional notes or information:

Local Excursions

Our local excursion are:

643 Burnham School Road, leaving the licenced grounds to visit Winnie the Kune Kune pig and or other animals in the paddock behind the back building.

Our teacher:child ratio is as per MoE licence regulations.

I give permission for my child to attend the excursions to visit Winnie

YES/ NO



643 Burnham School Road front paddock, leaving licenced grounds through the car park and over the steps to the front paddock or out of the front gate, along the grass verge on Burnham School Road to the entrance of the front paddock, for sports games or nature walks.

Our teacher:child ratio is as per MoE licence regulations.

I give permission for my child to attend the excursions to Burnham School Road

YES/ NO



Parent/ Guardian Signed _____ Date _____